

Vocational Profile

Name: _____

Case worker: _____

Confidential

Please do not read this document unless you have been given permission to do so by the named person.

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Data Protection

Data Protection

Personal data provided by you that is kept by **mcch** Society Limited is treated as private and confidential in compliance with the requirements of the Data Protection Act 1998.

Consent

To provide the best possible service to you, we may need to provide or obtain information relating to you from other persons or organisations. These could include;

- Employers, Colleges and Training Providers
- Health Professionals and Services
- Job Centre Plus, Department of Work and Pensions, local authority and HMRC

Any information will be treated as private and confidential

Permission to Obtain / Disclose Information:

Please initial

Employers, Colleges and Training Providers

YES	NO

Health Professionals and Services

YES	NO

Job Centre Plus, Department of Work and Pensions, local authority and HMRC

YES	NO

There may be times when we need to contact people in your life without your consent.

Declaration

I agree for the information in the Individual Action Plan to be shared with relevant agencies.

Individual Name: _____

Individual Signature: _____ Date: _____

Benefits Information

Are you in receipt of any of the following benefits? (please circle)		Per Week/Month	
		Position now	Position in employment
Jobseekers Allowance (income / contribution based)	yes / no	£	
Employment Support Allowance (income / contribution based)	yes / no	£	
Incapacity Benefit	yes / no	£	
Income Support (inc. disability premium?)	yes / no	£	
Severe Disability Allowance	yes / no	£	
D.L.A. care component (low / medium / high)	yes / no	£	
D.L.A. mobility component (low / high)	yes / no	£	
Child Benefit	yes / no		
Pension / pension credit	yes / no	£	
Mortgage Interest payment	yes / no	£	
Housing Benefit	yes / no	£	
Council Tax Benefit	yes / no	£	
Other benefit			
Total Benefits / allowances		£	
Wages	yes / no	£	
Other income		£	
Details (e.g. on a government training scheme):			
Working Tax Credit	yes / no	£	
Child Tax Credit	yes / no	£	
Spouse/Partner's earning and income		£	
Other Information (savings, income, trusts, house owner, who else gets benefits etc)			
Total income / benefits		£	

National Insurance Number: _____

Date of Birth: _____

Evidence of external calculation check:-

Calculation based on: _____ Hours £ _____ Per Hour

External calculation: (evidence must be attached)

Name source _____

Health Management

Do you have any medical condition or disability?
If yes, how do you manage these now?
How would you manage these in the workplace?

Do you take any medication and are there any side effects?

Who supports you?

Disclosure

Do you have a disability / illness / criminal record you would need to disclose?
In what situations would you need to disclose this information?

How would you disclose this information?

Rehabilitation of Offenders Act 1974

Certain convictions can become 'spent' after a period of time, most after 5 years; however some are never 'spent'. You do not have to disclose spent convictions UNLESS you are applying for a job which is exempt from the Rehabilitation of Offenders Act. If a job is exempt then you must disclose all convictions and usually complete a Criminal Records Bureau check which identifies convictions, reprimands, cautions and warnings from local police records, Independent Safeguarding Authority, Ministry of Defence and other agencies. CRB checks are as follows: -

- Basic – unspent convictions only
- Standard – all convictions including spent
- Enhanced – all convictions including spent and other information deemed relevant

The Equality Act 2010 (replaced most of DDA)

Disclosing a disability or health condition should be seen as a support mechanism for you and your employer (or tutor) in order to help you perform at your best ability in the right job. The new Act means that employers are unable to ask certain questions with regards to health unless it is necessary for the job

For more information visit www.direct.gov.uk or www.nacro.org.uk

Living Arrangements and Responsibilities:

Who do you live with?
Is your accommodation likely to change?

Do you have any dependents and / or caring responsibilities? Yes No

If yes, how might this affect your working?

Current commitments?
Groups, treatment, appointments, work experience or voluntary work

Weekly Schedule and activities:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A M							
P M							
E V E							

What do you enjoy doing the most? What would you like to do more of?

What are your hobbies and interests? Do you attend any regular activities?

Strengths and support needs:

What do you think your strengths are?

What do you think other people would say your strengths are?

Are there any areas where you need support?
e.g. literacy, numeracy, computer skills, timekeeping, travel

Support need	Comment	What support do you need?

Work Information:

What is important to you in a job and what motivates you to work?

What sort of jobs would you like to try and why?

Would you consider any of the following: -

Voluntary

Part-time

Full-time

9 - 5

Night work

Very early morning

Weekends

Shifts

Work Experience

Job finding skills;

Can you tell me how you would look for a job and which you have used in the past?

Paper

Internet

Job Centre

Family &
Friends

Other

Education History:

Date	Where?	Courses Attended	Qualifications / skills gained / comments
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			

Are there any courses you would like to do?

Employment

Date & Status	Employer and Job Description	Nature of work / skills gained	Comments (Likes / dislikes) Reasons for leaving
From: To: Paid <input type="checkbox"/> Work Exp. <input type="checkbox"/> Vol <input type="checkbox"/>			
From: To: Paid <input type="checkbox"/> Work Exp. <input type="checkbox"/> Vol <input type="checkbox"/>			
From: To: Paid <input type="checkbox"/> Work Exp. <input type="checkbox"/> Vol <input type="checkbox"/>			
From: To: Paid <input type="checkbox"/> Work Exp. <input type="checkbox"/> Vol <input type="checkbox"/>			

Goal and Action Plan

Overall Work/Education Goal:		
Summary of Barriers and solutions related to achieving the goals:		
Barriers:	Solutions:	
<p>Not in Work - How would you rate your job readiness? In Work - How would you rate your wellbeing at work?</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p>		
Action	People responsible / Time Scale	Completed
Copy sent to care coordinator:		

Review and Activity Sheet

Use this page to record any vocational activity, review or meeting with the client. Initial and date each entry.

Date	Notes	Actions & next review

Job Analysis Form

Page 1 of 2

This section allows you to not only make a note of some of the details of a specific job that is being applied for or work that is already taking place, it also allows you to make sure the job is the right one.

Job Title:
Job description available Yes – please attach / No – write brief details

Organisation Name:	
Address:	
Supervisor:	Position:
Telephone:	E-mail:
Natural Support:	Relationship/Position:
Telephone:	E-mail:

Work Hours	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Start:							
Finish:							
Daily Hours:							
Total Weekly Paid/Unpaid Hours:							
Other details: inc overtime, bonus, increment also circle those that apply below							

Job Analysis Form

Page 2 of 2

Do you have any of the following?

Induction	In-house training	Union
Holidays	Company pension	Temporary contract
Notice period	Sick Pay	Family relationship
Dress code/uniform	Supervision/Appraisal	Personal protective Equip.

Details:

Job development prospects

Consider all training/promotion/job change potential:

Job flexibility

e.g. team work, independent working, hours, environment

Any other details

e.g. any travel costs, vending machines in workplace

Disclosure (check notes from page 4)

e.g. to employer, colleagues

Course Analysis Form

This section allows you to not only make a note of some of the details of a specific course that you are applying for (or have), it also allows you to make sure the course is right for you.

Course Details

Course Title:
Qualification:
Course description available Yes – please attach / No – write brief details

Organisation Details

Organisation Name:	
Address:	
Tutor:	Telephone:
Email:	
Natural Support:	Relationship/Position:
Telephone:	E-mail:

Funding

Do you need to apply? Do you need proof of benefits?
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Disclosure (check notes from page 4)

e.g. to tutor, students

The Support Plan

The support should be set by the individual and reviewed regularly.
If on Supported Permitted Work the individual should be reviewed at least monthly.
All support should be recorded on review sheet page 14.

Client Name	
Employer/Tutor name	
Contact details Most used form of contact	
Job/Course title	

Week / Month Number	Day and date	Agreed contact / support to be received

Contact Sheet

Date	Contact details	Reason for contact	Action to be taken/follow up required